

TACTICAL RESPONSE REPORT/Chicago Police Department

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|---|--|--|---|--|---|--|--|-------------------------|--|-----------------------|---|--|
| MEMBER INVOLVED | 1. DATE OF INCIDENT 23-MAR-2014 | | TIME 22:10:00 | | 2. ADDRESS OF OCCURRENCE 4100 W ARMITAGE AVE CHICAGO, IL 60639 | | | 3. LOCATION CODE 304 | | 4. BEAT/OCCUR 2525 | | |
| | 5. POSITION 9161 | | 6. LAST NAME TULL | | 7. FIRST NAME DAVID L | | 8. STAR NO 16233 | | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10. RACE CODE WHI | |
| | 11. AGE 601 | | 12. HT. 185 | | 13. WT. 185 | | 14. DATE OF APPT. 02-DEC-2002 | | 15. EMPLOYEE NO. | | 16. UNIT & BEAT OF ASSIGNMENT 025 2522 | |
| SUBJECT INFORMATION | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 20. LAST NAME MORENO | | 21. FIRST NAME KASSANDRA | | 22. M.I. | |
| | 23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F | | 24. RACE WWH | | 25. D.O.B. 09-JUL-1993 | | 26. HT. 504 | | 27. WT. 110 | | 28. ADDRESS 105 S WEST ST MAGNOLIA, IL 61336 | |
| | 29. TELEPHONE NO. | | 30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? | | 34. BY WHOM? | |
| REASON FOR USE OF FORCE (Check all that apply) | 35. CHARGES PLACED 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/21-2 | | 36. DNA | | 37. CB NO. 18860154 | | 38. IR NO. | | 39. DNA | | 40. DNA | |
| | 39. PASSIVE RESISTER | | 40. ACTIVE RESISTER | | 41. ASSAILANT ASSAULT | | 42. ASSAILANT BATTERY | | 43. ASSAILANT DEADLY FORCE | | 44. SUBJECT'S ACTIONS | |
| | 45. DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | | 46. FLED <input checked="" type="checkbox"/> | | 47. IMMINENT THREAT OF BATTERY <input type="checkbox"/> | | 48. ATTACK WITH WEAPON <input type="checkbox"/> | | 49. USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> | | 50. OTHER <input type="checkbox"/> | |
| WEAPON DISCHARGE INCIDENT | 51. STIFFENED (DEAD WEIGHT) <input type="checkbox"/> | | 52. PULLED AWAY <input checked="" type="checkbox"/> | | 53. OTHER <input type="checkbox"/> | | 54. ATTACK WITHOUT WEAPON <input type="checkbox"/> | | 55. WEAPON <input type="checkbox"/> | | 56. OTHER <input type="checkbox"/> | |
| | 57. MEMBER PRESENCE <input checked="" type="checkbox"/> | | 58. OPEN HAND STRIKE <input type="checkbox"/> | | 59. ELBOW STRIKE <input type="checkbox"/> | | 60. KNEE STRIKE <input type="checkbox"/> | | 61. FIREARM <input type="checkbox"/> | | 62. OTHER <input type="checkbox"/> | |
| | 63. VERBAL COMMANDS <input checked="" type="checkbox"/> | | 64. TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> | | 65. CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | | 66. KICKS <input type="checkbox"/> | | 67. OTHER <input type="checkbox"/> | | 68. OTHER <input type="checkbox"/> | |
| CASE INFO. | 69. ESCORT HOLOS <input type="checkbox"/> | | 70. OC CHEMICAL WEAPON <input type="checkbox"/> | | 71. CANINE <input type="checkbox"/> | | 72. IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> | | 73. IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | 74. OTHER <input type="checkbox"/> | |
| | 75. WRISTLOCK <input type="checkbox"/> | | 76. TASER (Probe Discharge) <input type="checkbox"/> | | 77. TASER (Contact Stun) <input type="checkbox"/> | | 78. TASER (Spark Displayed) <input type="checkbox"/> | | 79. OTHER <input type="checkbox"/> | | 80. OTHER <input type="checkbox"/> | |
| | 81. ARMBAR <input type="checkbox"/> | | 82. TASER (Contact Stun) <input type="checkbox"/> | | 83. TASER (Spark Displayed) <input type="checkbox"/> | | 84. OTHER <input type="checkbox"/> | | 85. OTHER <input type="checkbox"/> | | 86. OTHER <input type="checkbox"/> | |
| SIGNATURES | 87. CONTROL INSTRUMENT <input type="checkbox"/> | | 88. OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> | | 89. OTHER <input type="checkbox"/> | | 90. OTHER <input type="checkbox"/> | | 91. OTHER <input type="checkbox"/> | | 92. OTHER <input type="checkbox"/> | |
| | 93. 73. REPORTING MEMBER (Print Name) TULL, DAVID L | | 94. STAR/EMPLOYEE NO. 16233 | | 95. SIGNATURE | | 96. DATE REVIEWED 23-MAR-2014 23:37:00 | | 97. TIME | | 98. SIGNATURE | |
| | 99. 74. REVIEWING SUPERVISOR (Print Name) SIWEK, JEFFREY J | | 100. STAR NO 1294 | | 101. SIGNATURE | | 102. DATE REVIEWED 23-MAR-2014 23:37:00 | | 103. TIME | | 104. SIGNATURE | |

100 1076618

Attachment 16

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Arrestee gone upon approval of this TRR.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

The officer's actions were appropriate for dealing with an Active Resister.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☒ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

SCHWIEGER, SCOTT M

SIGNATURE

DATE COMPLETED

TIME

26-MAR-2014 10:23:31

79. TOTAL TRR's THIS EVENT No.

3

LOG # 1076618

Attachment # 16